

<i>SERFF Tracking Number:</i>	<i>LSVX-G127289171</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>49116</i>
<i>Company Tracking Number:</i>	<i>AR000960100005</i>		
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>Conversion Contract Application</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100005</i>		

## Filing at a Glance

Company: USAbLe Life

Product Name: Conversion Contract Application SERFF Tr Num: LSVX- G127289171 State: Arkansas

TOI: H06 Health - Conversion SERFF Status: Closed-Approved- Closed State Tr Num: 49116

Sub-TOI: H06.000 Health - Conversion Co Tr Num: AR000960100005 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor  
Disposition Date: 06/28/2011

Author: SPI Life and Specialty Ventures

Date Submitted: 06/23/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 06/23/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: GRP- Group

Project Number: AR000960100005

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/28/2011

State Status Changed: 06/28/2011

Created By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form number 40-03 R6/11 for your review and approval if indicated. This form was amended to delete the Lifetime Maximum from the Contract/Application. It was originally approved on December 21, 2007.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI Life and Specialty Ventures

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored this contract and policy as part of the evidence of

<i>SERFF Tracking Number:</i>	<i>LSVX-G127289171</i>	<i>State:</i>	<i>Arkansas</i>
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coverage with which they will be used as provided by Arkansas Code Annotated §23-80-206(e).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the benefit certificate to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have.

Evelyn Laney, HIA, MHP, PAHM  
 Sr. Compliance Analyst  
 USAbLe Life  
 Group Health Insurance Division  
 320 W. Capitol, Ste 211  
 Little Rock, AR 72203

## Company and Contact

### Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst [rwittenburg@usablelife.com](mailto:rwittenburg@usablelife.com)  
 PO Box 1650 501-212-8877 [Phone] 8877 [Ext]  
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

### Filing Company Information

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>LSVX-G127289171</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$50.00	06/23/2011	49027496

SERFF Tracking Number:	LSVX-G127289171	State:	Arkansas
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TOI:	H06 Health - Conversion	Sub-TOI:	H06.000 Health - Conversion
Product Name:	Conversion Contract Application		
Project Name/Number:	GRP- Group/AR000960100005		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/28/2011	06/28/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/24/2011	06/24/2011	SPI Life and Specialty Ventures	06/28/2011	06/28/2011

*SERFF Tracking Number:* LSVX-G127289171

*State:* Arkansas

*Filing Company:* US Able Life

*State Tracking Number:* 49116

*Company Tracking Number:* AR000960100005

*TOI:* H06 Health - Conversion

*Sub-TOI:* H06.000 Health - Conversion

*Product Name:* Conversion Contract Application

*Project Name/Number:* GRP- Group/AR000960100005

## Disposition

Disposition Date: 06/28/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LSVX-G127289171	State:	Arkansas
Filing Company:	USable Life	State Tracking Number:	49116
Company Tracking Number:	AR000960100005		
TOI:	H06 Health - Conversion	Sub-TOI:	H06.000 Health - Conversion
Product Name:	Conversion Contract Application		
Project Name/Number:	GRP- Group/AR000960100005		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form (revised)	Conversion Contract Application	Approved-Closed	Yes
Form	Conversion Contract Application	Replaced	Yes

*SERFF Tracking Number:* LSVX-G127289171 *State:* Arkansas  
*Filing Company:* USAbLe Life *State Tracking Number:* 49116  
*Company Tracking Number:* AR000960100005  
*TOI:* H06 Health - Conversion *Sub-TOI:* H06.000 Health - Conversion  
*Product Name:* Conversion Contract Application  
*Project Name/Number:* GRP- Group/AR000960100005

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/24/2011

Submitted Date 06/24/2011

Respond By Date

Dear Rob Wittenburg,

This will acknowledge receipt of the captioned filing.

Objection 1

- Conversion Contract Application, 40-03 R6/11 (Form)

Comment: The Contract/Application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Thank you for your cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: LSVX-G127289171 State: Arkansas  
Filing Company: US Able Life State Tracking Number: 49116  
Company Tracking Number: AR000960100005  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: Conversion Contract Application  
Project Name/Number: GRP- Group/AR000960100005

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/28/2011  
Submitted Date 06/28/2011

Dear Rosalind Minor,

### Comments:

The following is in response to your 6/24/2011 objection letter:

### Response 1

Comments: The fraud statement has been added as requested.

### Related Objection 1

Applies To:

- Conversion Contract Application, 40-03 R6/11 (Form)

Comment:

The Contract/Application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Thank you for your cooperation in this matter.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Conversion Contract Application	40-03 R6/11		Application/Enrollment Form	Revised		40.600	40-03 R6-11 Conversion Contract-Application -



<i>SERFF Tracking Number:</i>	<i>LSVX-G127289171</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>49116</i>
<i>Company Tracking Number:</i>	<i>AR000960100005</i>		
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>Conversion Contract Application</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100005</i>		

rev.PDF

**Previous Version**

<i>Conversion Contract</i>	<i>40-03</i>	<i>Application/Enrollment</i>	<i>Revised</i>	<i>40.600</i>	<i>40-03 R6-</i>
<i>Application</i>	<i>R6/11</i>	<i>Form</i>			<i>11</i>
					<i>Conversio</i>
					<i>n</i>
					<i>Contract-</i>
					<i>Applicatio</i>
					<i>n.PDF</i>

No Rate/Rule Schedule items changed.

We hope that with this additional information, this filing may now be considered for final approval. If you have any questions or comments, please call me at (800) 648-0271 ext. 8877. Thank you for your assistance.

Sincerely,

Rob Wittenburg

Sincerely,

SPI Life and Specialty Ventures

SERFF Tracking Number:	LSVX-G127289171	State:	Arkansas
Filing Company:	USAbLe Life	State Tracking Number:	49116
Company Tracking Number:	AR000960100005		
TOI:	H06 Health - Conversion	Sub-TOI:	H06.000 Health - Conversion
Product Name:	Conversion Contract Application		
Project Name/Number:	GRP- Group/AR000960100005		

## Form Schedule

**Lead Form Number: 40-03 R6/11**

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/28/2011	40-03 R6/11	Application/ Conversion Contract Enrollment Application Form	Revised	Replaced Form #: Previous Filing #:	40.600	40-03 R6-11 Conversion Contract- Application - rev.PDF



## CONVERSION CONTRACT

*In order for this contract to be executed, all information must be completed.  
Contracts with incomplete information will be returned.*

US Able Life agrees to provide health care coverage to the Policyholder and their covered Dependents, for the benefits set forth in the Conversion Policy, attached to and incorporated as part of this Conversion Contract, in accordance with the terms, provisions and limitations of this Contract. In return, the Policyholder agrees to make monthly premium payments to the Company on behalf of Policyholder and eligible dependents.

### POLICYHOLDER INFORMATION

This Conversion Contract has been entered into by:

---

(Name of Policyholder)

---

(Address)

---

(City, State, Zip)

### CONVERSION CONTRACT EFFECTIVE DATE AND TERM.

This contract shall become effective as of 12:01 a.m., Central time on \_\_\_\_\_.  
This contract is renewable month to month, by payment of the monthly premium. This contract is subject to termination according to its terms.

### AMENDMENT

Benefits are subject to change upon 30 days written notice to the Policyholder. Any such amendment or premium change must be signed by an officer of the Company.

### Change in Premium Rates

The Company reserves the right to establish a revised schedule of premium payments on each renewal date of this Policy upon 30 days written notice to the Policyholder.

## NOTICE OF ADDITIONS, CHANGES AND/OR TERMINATION

The Policyholder agrees to notify the Company in writing, of additions, changes, and/or termination of eligible dependents for each month, on or before the first day of the month of coverage following the month in which such addition, change or termination occurs.

### POLICYHOLDER ELIGIBILITY CERTIFICATION

1. Name and address of last Employer\_\_\_\_\_
2. Date last employed \_\_\_\_\_ or last day of health care coverage\_\_\_\_\_
3. Are you presently employed? ☐ No ☐ Yes: Employer Name\_\_\_\_\_
4. Does your Employer offer a group health plan?  
☐ No ☐ Yes: Plan name\_\_\_\_\_ (If yes, complete the following information:)
  - Are you eligible for coverage through this plan?  
☐ Yes ☐ No: Reason\_\_\_\_\_
  - Were you denied coverage?  
☐ No ☐ Yes: Reason\_\_\_\_\_
  - The plan offered has preexisting exclusion period: ☐ None ☐ Months
5. Is your spouse presently employed? ☐ No ☐ Yes: Employer Name\_\_\_\_\_
6. Does your spouse's Employer offer a group health plan?  
☐ No ☐ Yes: Plan name\_\_\_\_\_ (If yes, complete the following information:)
  - Are you eligible for coverage through your spouse's group health plan?  
☐ Yes ☐ No: Reason\_\_\_\_\_
  - Were you denied coverage?  
☐ No ☐ Yes: Reason\_\_\_\_\_
  - The plan offered has preexisting exclusion period: ☐ None ☐ Months
7. Are you or your spouse eligible for health coverage under COBRA laws? ☐ No ☐ Yes
8. Are you or your spouse eligible for Medicare? ☐ No ☐ Yes  
Medicare eligible (name)\_\_\_\_\_ Medicare #\_\_\_\_\_

### TERMINATION

The Policyholder may terminate this Contract upon mailing or delivering written notice to the Company at least 30 days prior to the termination date. In such event, termination shall become effective as of 12:01 a.m., on the termination date. In addition to the conditions set out

in the Policy, in particular in Subsection 6.3, the Company may terminate this Contract for non-payment of premium if the premium is not paid to within 30 days after the premium due date. In such event, notice of termination will be mailed to the Policyholder.

## PREMIUM PAYMENT

In consideration for the services to be provided by the Company, the Policyholder agrees to remit the following monthly premium for Policyholder and Policyholder's eligible dependents:

Single \$\_\_\_\_\_ Health Coverage, [Drug-No Drug]/No Dental

Family \$\_\_\_\_\_ Health Coverage, [Drug-No Drug]/No Dental

Monthly Premium is age-rated. Premium will change on the first of the month after the Policyholder reaches the minimum age of the next higher age category. See enclosed rate sheet.

Premium is due on the first of each calendar month. Payment must be received on or before the last day of the **calendar month in advance of the month of coverage**. Only members for whom the premium is actually received by the Company shall be entitled to Plan benefits as described in the Conversion Policy.

**IN WITNESS WHEREOF**, the parties hereto have caused this Conversion Contract together with any riders, attachments, or amendments attached hereto, to be executed by a duly authorized representatives of each party.

The information provided above is true and correct to the best of my knowledge. I understand that any fraudulent statement, omission or material misrepresentation may result in cancellation of any coverage issued in reliance thereon, and that the Company may recover any monies and damages incidental and consequential that result. I understand that if I become eligible for health care coverage through my present employer, spouse's employer, any future employers, or Medicare, that I must notify the Company immediately.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in connection with an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

POLICYHOLDER

USAbLe Life

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SERFF Tracking Number: LSVX-G127289171

State: Arkansas

Filing Company: USAbLe Life

State Tracking Number: 49116

Company Tracking Number: AR000960100005

TOI: H06 Health - Conversion

Sub-TOI: H06.000 Health - Conversion

Product Name: Conversion Contract Application

Project Name/Number: GRP- Group/AR000960100005

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application filing only	Approved-Closed	06/28/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not a rate filing. <b>Comments:</b>	Approved-Closed	06/28/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not a policy filing. <b>Comments:</b>	Approved-Closed	06/28/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not a PPACA related filing. <b>Comments:</b>	Approved-Closed	06/28/2011

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Certification USAbLe 40-03 R6-11.PDF	Approved-Closed	06/28/2011



RE:           US Able Life  
Form No.   40-03 R6/11

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.6 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in dark ink, appearing to read "Jason Allen", is written over a horizontal line.

Name

President  
Title

June 22, 2011  
Date

<i>SERFF Tracking Number:</i>	<i>LSVX-G127289171</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR000960100005</i>		
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>Conversion Contract Application</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100005</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
06/23/2011	Form	Conversion Contract Application	06/28/2011	40-03 R6-11 Conversion Contract-Application.PDF (Superceded)





## CONVERSION CONTRACT

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US Able Life agrees to provide health care coverage to the Policyholder and their covered Dependents, for the benefits set forth in the Conversion Policy, attached to and incorporated as part of this Conversion Contract, in accordance with the terms, provisions and limitations of this Contract. In return, the Policyholder agrees to make monthly premium payments to the Company on behalf of Policyholder and eligible dependents.

### POLICYHOLDER INFORMATION

This Conversion Contract has been entered into by:

---

(Name of Policyholder)

---

(Address)

---

(City, State, Zip)

### CONVERSION CONTRACT EFFECTIVE DATE AND TERM.

This contract shall become effective as of 12:01 a.m., Central time on \_\_\_\_\_.  
This contract is renewable month to month, by payment of the monthly premium. This contract is subject to termination according to its terms.

### AMENDMENT

Benefits are subject to change upon 30 days written notice to the Policyholder. Any such amendment or premium change must be signed by an officer of the Company.

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### POLICYHOLDER ELIGIBILITY CERTIFICATION

1. Name and address of last Employer\_\_\_\_\_
2. Date last employed \_\_\_\_\_ or last day of health care coverage\_\_\_\_\_
3. Are you presently employed? ☐ No ☐ Yes: Employer Name\_\_\_\_\_
4. Does your Employer offer a group health plan?  
☐ No ☐ Yes: Plan name\_\_\_\_\_ (If yes, complete the following information:)
  - Are you eligible for coverage through this plan?  
☐ Yes ☐ No: Reason\_\_\_\_\_
  - Were you denied coverage?  
☐ No ☐ Yes: Reason\_\_\_\_\_
  - The plan offered has preexisting exclusion period: ☐ None ☐ Months
5. Is your spouse presently employed? ☐ No ☐ Yes: Employer Name\_\_\_\_\_
6. Does your spouse's Employer offer a group health plan?  
☐ No ☐ Yes: Plan name\_\_\_\_\_ (If yes, complete the following information:)
  - Are you eligible for coverage through your spouse's group health plan?  
☐ Yes ☐ No: Reason\_\_\_\_\_
  - Were you denied coverage?  
☐ No ☐ Yes: Reason\_\_\_\_\_
  - The plan offered has preexisting exclusion period: ☐ None ☐ Months
7. Are you or your spouse eligible for health coverage under COBRA laws? ☐ No ☐ Yes
8. Are you or your spouse eligible for Medicare? ☐ No ☐ Yes  
Medicare eligible (name)\_\_\_\_\_ Medicare #\_\_\_\_\_

### TERMINATION

The Policyholder may terminate this Contract upon mailing or delivering written notice to the Company at least 30 days prior to the termination date. In such event, termination shall become effective as of 12:01 a.m., on the termination date. In addition to the conditions set out

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**IN WITNESS WHEREOF**, the parties hereto have caused this Conversion Contract together with any riders, attachments, or amendments attached hereto, to be executed by a duly authorized representatives of each party.

The information provided above is true and correct to the best of my knowledge. I understand that any fraudulent statement, omission or material misrepresentation may result in cancellation of any coverage issued in reliance thereon, and that the Company may recover any monies and damages incidental and consequential that result. I understand that if I become eligible for health care coverage through my present employer, spouse's employer, any future employers, or Medicare, that I must notify the Company immediately.

POLICYHOLDER

USAble Life

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_